Utilising Reflective Practice Journals to Explore Student Fears and Feelings during Psychiatric Nursing Clinical Placement

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Abstract

This paper describes the use of reflective journals for student nurses to communicate their objectives, fears and beliefs concerning their first mental health nursing practicum. The study consisted of four groups of third year comprehensive nursing students (N = 76). Themes from the journals were collated, assessed utilising Mezirow's levels of reflection and analyzed using thematic analysis. The study found that students fell into three groups: anti reflectors, current reflectors and converts to reflection. Students expressed difficulty forming trusting relationships with each new clinical teacher over short, eight-day periods of clinical practice. Those who were unable to verbalize feelings of fear, or uncertainty of role, where able to share this with the clinical teacher in the form of a journal entry.

Keywords

Reflective Practice; Journaling; Mental Health; Student Nurses

Introduction

"For it is in the dew of little things, the heart finds its morning and is refreshed"[1]

This paper will describe the use of reflective journaling as a means for student nurses to communicate their objectives, fears and beliefs concerning their first mental health/psychiatric nursing clinical placement. Reflective practice is a core competency in nursing but little is done to assess this competency within some student populations. Self-reflection is an integral component towards developing clinical competencies within the mental health component of an undergraduate comprehensive nursing program. However the eight-day clinical practice unit that students completed did not require any written assessment. Despite this supervisors were required assess the students ability as reflective practitioners as part of the core competencies required to be achieved in an undergraduate nursing program. Individual student journaling was established as an appropriate tool to conduct such assessment and this was achieved by introducing journaling as part of the assessment requirements for the mental health clinical rotation.

Writing a journal could be described as a discovery process or revision of the day's events. Taylor [2] suggests that journaling can serve several purposes (technical reflection, practical reflection and emancipatory reflection) and these purposes serve the knowledge that is required and the work interests they represent. Journaling assists us to explore the memories of the day, the verbal and non-verbal messages we give and receive. It is important for students to reflect on their clinical practice because it is a systematic practice to make sense of their practice as they embark on clinical practice. All too often this informal process is the only reflection required when completing a clinical practice unit. Thus the emphasis is placed on "getting the task right" rather than the nurses "experience" with the client.

Nurses have accepted the need to reflect on their clinical skills but they also need to reflect on what they personally bring to the client. The mental health/psychiatric setting encourages nurses to enact sound role modeling to assist client growth. Peplau [3] purports that the central role of the nurse is as a facilitator and therapeutic educating force. If this is true, then that facilitator will act as an agent of change for the client. The nurse themselves is the instrument that is taken to the client. Thus that instrument must be sound and aware of its own strengths and limitations. And because of this health professionals need to engage in self-reflection, debriefing and therapy themselves. Such an opportunity of self-discovery needs to be offered to student nurses, so they can reflect on what they bring to the clinical area. This may

occur through technical reflection of an empirical interpretation of how well they have performed but in the case of mental health nursing more interpretive reflection to promote the understanding of meaning of events and critical emancipatory reflection to examine the influence of dominant social structures and ideologies (2).

Literature Review

Several landmark texts exist that discuss reflective practice in depth. Schon's work [4] suggests ways of exploring reflection in action and suggests that if professionals are required to be reflective in their practice, then it is only reasonable that they are encouraged to be so during their formative education. Dunlop [5] examines issues involved in the education of students, taking into account their feelings and emotions. Chin and Maeona[6] have produced an edited text that covers much territory within this topic of inquiry. Harrison and Fopmoy[7] addresses the benefits of journal techniques for students and adds that such work improves critical thinking skills and has a positive impact on future writing skills. Mezirow and Taylor [8] provided a model for reflection that is useful in evaluation and suggests that adult learning requires the individual to identify key events by scrutinizing past influencing views or perspectives in order to explore the current situation. Taylor [2] provides a comparison between interpretive and critical reflection and guides the reader in the development of reflective practice.

Student nurses face complex learning issues when entering a mental health clinical placement for the first time. Fear is a common initial response for students [9] and fear is influenced by the media stereotyping of people with a mental illness. The psychomotor skills that are highly prized in other nursing clinical specialties are not emphasized as important in mental health nursing and this can lead to unclear role expectations [10]. Students can find the requirement to examine their relationships with others and explore their own self-awareness difficult and confronting.

Several factors may influence nursing student's attitudes towards working with clients who have a mental illness. Increased exposure to the mental health setting has been identified as a correlation with a positive attitude towards the mentally ill Opportunities exist for students to share beliefs, feelings and experiences of working with mentally ill clients. In addition journaling has resulted in an increased self-awareness amongst students and development of a positive attitude towards this nursing specialty. It must also be acknowledged that self-awareness is a central clinical quality to developing a therapeutic nurse/client relationship. This is largely because the nurse is an essential tool that acts as a role model and facilitates the client towards growth. It is through becoming aware of personal actions that the nurse may modify thoughts and behaviors to become more therapeutic in the nurse/client therapeutic relationship [6].

The use of a journal by student nurses may enhance both these factors when embarking on mental health/psychiatric nursing practicum. They may facilitate the students work through bias and fear. They may assist the student to discuss these issues, as well as personal issues that impact during clinical practicum with the lecturer.

Journal keeping facilitates student growth, assists clinical teachers to monitor student progress in developing critical thinking skills, enhances professional development, links theory and practice, can contribute to both student learning and the enhancement of patient care and promotes personal emancipation [7]. From this researcher's experience, it also assists to break down the barriers between student and educator and acknowledges the fears that student's experience prior to embarking on clinical practice. Ambiguities in the requirements of reflective practice exist in nursing and practice ambiguity is even more evident in mental health where student nurses face a complex array of learning issues for the first time. Such ambiguity can impede the facilitation of growth as a semi autonomous practitioner [11].

Background

The writer had been appointed as the clinical practicum coordinator for all students conducting compulsory mental health/psychiatric placements. For the initial six months of the appointment the existing documentation and assessment format was utilised with students and this did not include reflective journaling (group A). The study was conducted over a subsequent 12 month period in response to an identified need to validate student reflective practice in the clinical setting with four groups of students (groups B, C, D & E). The study came about for three reasons. Firstly, the documentation utilised to assess the student's competencies required a detailed assessment of their abilities as a reflective practitioner. However, the required student assessment did not

provide any guide or information to the clinical teacher as to how such reflective practice was developing within each student. Secondly, during the initial orientation with group A, the students were asked what fears and beliefs they held as to proceeding on mental health/psychiatric clinical placement. The students remained silent apart from one brave woman who volunteered that because they were being assessed they did not want to show any weaknesses.

Further exploration with group "A" revealed that students coming from critical care generalist areas had been closely scrutinised for skill assessment. The transition from a clinical area that placed emphasis on achieving tasks within a time frame (critical care) to an area where the emphasis was on communication and the development of therapeutic relationships (mental health) confused the students. This was to be expected, because it was the student's first exposure to the mental health/psychiatric setting. The students also considered that two days per week over a four-week block was not enough time to develop trust in the clinical teacher. They were not prepared to verbalise their fears and risk failing the placement. Because the need to pass the placement was so great amongst the students, this detracted from the original purpose of clinical practice, which was to develop knowledge and skills in questioning practice. Thirdly, over the period of the first six months, several students in group "A" revealed that they had personal psychiatric histories or had family members who had previous or active psychiatric problems. This had placed added stress on the students who feared relapse or had negative beliefs concerning the mental health clinical setting.

It was clear that change was needed to assist the students to develop reflective practice and to support them during mental health practicum. Thus the purpose of this study was to implement the required change and to document the results of this change process.

Method

The study involved third year comprehensive nursing students (N= 76) who were required to complete an eight day clinical placement in a mental health/psychiatric nursing setting over a period of four weeks (64 hours of mental health clinical practice in total). All placements were in acute adult psychiatric/mental health settings in major teaching hospitals. This was the first time during the program that students would have been required to embark on an acute psychiatric placement.

The students were allocated into groups (B, C, D, E) and rotated through three placements over the 12 week semester: Mental health/psychiatric nursing, operating theatre and critical care, which included coronary care critical care and accident and emergency.

All students participated in a pre mental health clinical workshop where feelings were explored and the journaling practice explained. Journaling was only required during the mental health clinical practice. Each student was given a print-out of a journal template as part of the unit outline. This provided the students with a review of the literature concerning the objectives of reflective practice, a bibliography for further self directed learning and a two column blank journal. The journal had a cover sheet that could be removed.

The journaling procedure and research study was explained to the students. They were to record the days events in one column and next to this reflect on how they felt about the day's events. Thirty minutes was provided at the end of each shift to allow students time to complete their journal. Students were encouraged to hand their journal into their clinical teacher at the end of each shift. Clinical teachers would provide written feedback and meet with the student individually to discuss the events of the previous shift. However, handing in the journal was voluntary. If they had something to say that they did not wish to share with the clinical teacher, they were advised to record this in a separate journal and not hand this in. All students were required to complete some form of journaling to pass the competency of reflective practitioner. It was up to them to decide how they went about this. Marking was conducted for the domain of reflective practitioner out of a five-point scale but the domain consisted of a number of competency checks so that students could choose to not comply with the assessment requirements for the study and this would not impact upon them completing the subject with a pass mark. However it must be acknowledged that this may have influenced the overall mark awarded by the individual clinical teacher.

At the completion of each group rotation a post-clinical focus group was conducted. The placements where informally discussed. Students were able to volunteer to participate in this group and were required to sign consent and complete an anonymous evaluation of the unit, which included questions concerning the reflective journaling practice and their attitudes

towards mental health nursing pre and post placement. Questions were posed to students with a four-point scale for them to record their answers. The constructs for the questionnaires had been tested for content validity and reliability utilising a panel of four experts.

Seventy six students participated in the study by submitting their evaluation forms with their journals. Anonymous submission of the journal implied consent for this component of the research. They were requested to remove the cover sheets from the journals prior to handing them in, to ensure anonymity.

Because of word limit constraint this paper will concentrate on an examination of the emerging themes from the journals.

Data Analysis

Thematic analysis was utilised to categorise the participants (N = 76) into two groups: non reflectors and reflectors.

The journals were assessed for the level of reflection utilising Mezirow and Taylor's model of reflection [8], which classified the transcripts into three categories: Non Reflectors, Reflectors and Critical Reflectors. Because this study was not concerned with examining levels of reflection, the non-reflectors were separated and the remaining two groups combined into reflectors.

The journals were collated into the two groups and analysed by searching for common themes after several readings of the journals [12 , 13]. Simple qualitative descriptive analysis and interpretation was sought.

Findings

Features of the Non-Reflective Journals

These journals demonstrated little to no evidence of reflective practice. The students were very descriptive in their journal writing, but tended to concentrate on the day's events rather than analyse their role or interactions. The transcripts tended to read like a report book.

"I got to hand over late and everybody seemed too busy to talk to me. I watched the medication round. The rest of the day was taken up by talking to patients and reading their notes."

The non-reflectors tended to make assumptions without relating the events to actions they observed.

"The nurses seem to ignore me. They always seem busy but I have no idea what they are doing."

So too, these non-reflectors provided no detail of how they felt about clinical placement in mental health. It was as if they were only there because they had been allocated this placement.

"It's my last day and I have had a good time. The staff have been nice. Thanks for a great practicum."

Features of the Reflector's Journals

The reflectors were able to express their emotion and turn experience into learning opportunities. They saw mental health as a new situation but were able to examine their own feelings and bias towards this placement. Six common themes emerged from the transcripts and were entitled as follows: feeling like an outsider; feeling inadequate; communication blocks; role confusion; wrestling with past demons; and on the eighth day

Feeling Like an Outsider

One student summed this up in the few words required to express this theme:

"At the end of this shift I still felt like an outsider."

A subsequent student elaborated on her feelings, which also displayed feelings of inadequacy and frustration:

"I felt very unsure of what to do and say. This is just so different from previous clinical [placements]. Once I was left on the ward, I'll be honest; I wasn't quite sure what to do with myself. Is it OK to approach the patients and what sort of reaction would I elicit? I don't even know how to ask the staff what I am supposed to be doing."

Feeling Inadequate

Many experiences left the students feeling inadequate, something that is not expected or examined by educators. The students were able to express these feelings and once these feeling were in the open, the educator could assist them to work through the emotion. When reading the following quotes from the reflective diaries, stop and think how this information would change the way nurse educators would work with these student nurses.

"I found today to be very upsetting. The client I was working with was continually crying and all the other clients were feeding off her and getting upset as well. I felt overwhelmed that she could feel so bad about everything she was and did. I felt it hard to detach

myself from her emotion the evening after prac. I was also concerned that I felt pity for this woman when I knew this was not the way I should be feeling."

"Sometimes I just don't know what to say to them [the clients]. I'm scared that when they reveal their problems to me I just won't have the answers."

"I'm nervous. The whole area of psychiatric nursing seems to be out of my league. The patients all seem big and intimidating. How am I going to start conversation when I am scared to say anything? I just want to hide in the nurses station and seem to be able to get away with this."

"I felt a little out of sorts when left on the ward following orientation. It was suggested that I go and talk to the people on the ward [clients]. I sat down with a lady and found it really hard work to talk to her."

"I'm still scared of the clients, they seem so violent and threatening. I know they are harmless. Maybe I just need to relax. I keep feeling like someone is going to comment because I'm not contributing."

Communication Blocks

Barriers to communication occurred. The students commented about problems with trusting their clinical teacher, difficulty with the low levels of regular staff on the wards and also how they could identify the registered mental health nurses as having mentorship roles.

"I'm sorry I haven't told you about my eating disorder before. It's just I've always felt that this would be held against me by staff members."

"It's hard getting to know the staff when they are always changing."

"I was watching some of the nurses interacting with the clients tonight. Boy do I have a lot to learn! They were able to get the client to do in three minutes what it would have taken me 15 minutes. I guess it has a lot to do with the right approach and feeling comfortable talking with the clients."

Role Confusion

The students expressed concern as to their role. Many battled trying to take skills from the critical care placements and adapt them to the mental health setting:

"I feel more useful today after being given the responsibility of conducting the obs."

One student was working well, but was unable to identify this as worthwhile work for a nurse:

"I was assigned patients but I did very little for them. I was too busy playing games with them."

Another student found lessons to learn from a medication round. She could identify contrasts in the way medication rounds were conducted in general as opposed to mental health settings. She identified merit in the way the registered nurse was conducting the medication round. She could also see how she could incorporate this into her practice, but seemed uncertain if this would be acceptable as part of her role within a general hospital ward:

"The medication round was quite long and drawn out. Not what I have ever experienced before. The patients are not as compliant and it made me aware of how important it is to make sure the patients take their medication. But in general wards the tablets are just left on the side of the patient's table. By the end of the medication round I felt really stressed out. I had never experienced a medication round that incorporated light conversation and health teaching about the client's medication as they took it. They still didn't want to take it. It made me want to go back and do all the medication round I had done in critical care properly. But would you be allowed to get so involved?"

Wrestling with Past Demons

One student utilised her diary to draw pictures and write poetry. She also kept quotes from the staff. Things that had nagged her or stuck in her mind. The disturbing thing was that the pictures and poetry described acts of self-harm. She had in the past felt suicidal and had never had the opportunity to express this. She described this as follows:

"I was really nervous about going on psych. prac. I felt old wounds would open up and I guess I have never confronted my past adequately. I just have never had any one to tell how bad my life has been. I was not able to discuss this with any of my lecturers because I was unable to discuss this with myself. The journal helped to break down the barriers for me."

Another student had recently been on holiday and found herself as an involuntary patient in a psychiatric hospital. She had flown back to commence the next semester dreading the practicums.

"I just felt so inadequate after having the nervous breakdown. I felt like I was broken and not good

enough to be a nurse. I was scared to divulge this as I thought everybody would judge me and treat me differently. I also have noticed that I am now more on the client's side and have gained a lot of empathy for what it is like to be an involuntary patient. Prior to this I was some kind of factory process worker who just did the task required. I'm not certain if what I had was mental illness, but it has made me aware that this is the type of nursing that is most important."

On the Eighth Day

It was difficult to ascertain why the journals became positive on the final day of placement. Possibly because the students had grown and felt more a part of the clinical placement. However it must also be considered that they may have experienced relief at completing another placement. The findings from the survey questionnaire would support that the majority of students had been apprehensive concerning mental health/psychiatric nursing practicum, but had found it to be a worthwhile experience.

"Mental health nursing was not what I expected. I suppose I had the stereotypical idea of a mental health ward being full of people screaming and having hallucinations. It was not like this at all. The clients were generally normal, nice individuals. I'm ashamed that I was dreading coming here and making jokes in semester 4 about having to go to the psycho wards. I have found this a real learning experience."

"I never realised how emotionally exhausting it is looking after someone who is depressed. I was surprised when someone pointed out to me how tired I looked. They were right. Strangely enough I felt like crying at the end of the shift. I don't quite know why."

"Once I started speaking to the clients it was not as bad as I thought it would be. I found it quite easy to ask questions although I must admit I had to put more thought into what I said than on previous placements."

Implications for Heath Care Practice

Interpersonal relationships are part of the experience of being human. The nurse/client therapeutic relationship is the central reason for nurses interacting with clients. Nursing curriculums need to place emphasis on fostering student self-awareness and understanding of personal belief systems. Several students coming to mental health clinical practicum were found to have negative images concerning mental illness and some had difficult experiences with friends and family

member's manifestations of mental illness. It would be naive to believe that these experiences would not have an impact on the way the students perceive such a practicum and their overall performance. It is very important that students be given the opportunity to resolve these issues as they arise. If such issues are impacting on their clinical performance it is important that educators are aware so they can debrief or make appropriate referral to counseling services.

Reflective practice is a required competency for the professional nurse. Students are required to develop this competency prior to commencing as novice practitioners. This competency needs to be assessed utilising evidence of performance. As with other competencies, the student's ability to enact the role of a reflective practitioner can not be assessed without supportive evidence (in this case in the form of journaling) by the clinical teacher. The assessment of the student needs to be holistic, not just taking into consideration the clinical task being performed. It needs to consider the nurse who is performing the task and interacting with the client.

While it must be admitted that the students in this study needed to establish trust with the clinical teacher prior to sharing their reflective journals, it must be accepted that the journals themselves provided a vehicle to develop that trust. The journals provided a means for students to communicate their feelings, which may have been overlooked or omitted in conversation.

Assumptions and Limitations

Assumptions and limitations to this study must be acknowledged. It was assumed that students were willing to be honest with their journal entries and utilise the time allocated to this task effectively. A limitation arose in the fact that some students were not willing to use the journals effectively and a small group were resistant to such self exploration. Although workshops were provided to cover the requirements for reflective practice journaling, this may have not been sufficient to assume these third year student nurses were able to reflect. It is recommended that reflective practice is introduced within first year and built upon and reinforced in subsequent semesters.

Conclusion

This study arose from the difficulty students expressed in forming trusting relationships with each new clinical teacher over short periods of clinical practice. The

study indicates that students who are unable to verbalise feelings of fear or uncertainty of role were able to share fear with the clinical teacher in the form of a journal entry. Students, who were experiencing personal difficulties or had previous experience of mental illness in their families, were confronted by having to complete a mental health practicum and this could be explored in a reflective journal with supportive clinical reflection. Journaling assisted some students to explore these emotions and gain support from their clinical teacher. Students were able to share their feelings and work in partnership towards completing the clinical practicum.

Those of us who are in the privileged position to assist students towards becoming reflective practitioners need to provide a space to learn, provide support and encourage. Reflective practice, a required core competency of undergraduate nursing programs, should be utilised to assist the lecturer and student to find common ground and strive towards clarity of goals and outcomes. Possibly the most important role a lecturer can fulfill is that of facilitator. When encouraging student reflection, a positive introduction to this concept and development of this core competency skill over time, may result in some surprising results. Most importantly the development of a nurse who is able to assess his/her own impact on the therapeutic ward milieu and be aware of what demons as well as angels they bring to the nurse/client relationship is a desired outcome from teaching reflective practice.

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